

**D.N.J. LOCAL FORM 7**

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

IN RE: \_\_\_\_\_ )  
 )  
 ) CASE NO.  
 )  
 Debtor(s). )  
 \_\_\_\_\_ )

**REPORT OF INITIAL DISTRIBUTION**

\_\_\_\_\_ PLAN CONFIRMED

\_\_\_\_\_ PLAN NOT CONFIRMED

If the plan was confirmed and the case is still in Chapter 11, what percentage dividend was (or is to be) paid under the plan to the general unsecured class of creditors: \_\_\_\_\_%.

If future payments are contemplated under Chapter 11 plan but percentage of dividend is not determinable check here: \_\_\_\_\_

A. **FEES AND EXPENSES:**

\$ \_\_\_\_\_ Trustee's Statutory Compensation  
(if applicable)  
\_\_\_\_\_ Fee for Attorney for Trustee  
\_\_\_\_\_ Other Professionals Fees and All Expenses  
(Including Fee for Attorney for Debtor; Itemize on  
Schedule A)

B. **DISTRIBUTIONS:**

\$ _____ Secured Creditors (itemize exh. D)	_____ Equity Security Holders
_____ Priority Creditors (itemize exh. E)	_____ Debtor
_____ Unsecured Creditors (itemize exh. F)	
_____ Other (itemize on Schedule A)	

\$ \_\_\_\_\_ TOTAL DISTRIBUTIONS (SUM OF A & B)

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**SCHEDULE A**

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Fees Paid to Other Professionals:	<b><u>FEES</u></b>
_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____

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Expenses Paid to Other Professionals:

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EXPENSES

\$ 

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Distribution to Others:

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DISTRIBUTION

\$ 

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I certify under penalty of perjury that the information provided on this form is true and correct to the best of my knowledge, information and belief.

<hr/>	<hr/>	<hr/>
DATE	NAME	TITLE

EXHIBIT D

SECURED CLAIMS

\*Indicate claim number if Proof of Claim or "S" for a Scheduled Claim

CLAIMANT ALPHABETICALLY	*CLAIM NO. IF APPLICABLE	AMOUNT SCHEDULED OR CLAIMED	AMOUNT PAID

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(CONTINUE TO A SEPARATELY MARKED PAGE IF NEEDED)

EXHIBIT E

PRIORITY CLAIMS

\*Indicate claim number if Proof of Claim or "S" for a Scheduled Claim

CLAIMANT ALPHABETICALLY	*CLAIM NO. IF APPLICABLE	AMOUNT SCHEDULED OR CLAIMED	AMOUNT PAID

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EXHIBIT F

UNSECURED CLAIMS

\*Indicate claim number if Proof of Claim or "S" for a Scheduled Claim

CLAIMANT ALPHABETICALLY	*CLAIM NO. IF APPLICABLE	AMOUNT SCHEDULED OR CLAIMED	AMOUNT PAID

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(CONTINUE TO A SEPARATELY MARKED PAGE IF NEEDED)